Practice Improvement Protocol 12

Therapeutic Foster Care Services for Children

Developed by the
Arizona Department of Health Services
Division of Behavioral Health Services

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ISSUE

Therapeutic Foster Care (TFC) Services are Title XIX and Title XXI covered services available through the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). This protocol outlines the clinical considerations for sound utilization of TFC services and the prior authorization criteria used by Tribal and Regional Behavioral Health Authorities (T/RBHAs) who are approved by ADHS to prior authorize TFC services.

PURPOSE

To establish protocols that promote the provisions of TFC services in a manner consistent with the best interests of the child and the child's family and the 12 Arizona Principles.

TARGET POPULATION

All Title XIX and Title XXI eligible children for whom TFC services are considered.

PROTOCOL

GENERAL EXPECTATIONS

ADHS/DBHS is committed to the provision of behavioral health services in the least restrictive and most natural setting possible. TFC services offer opportunities to provide behavioral health services in family homes licensed by the Arizona Department of Economic Security (DES) as Professional Foster Homes. These TFC providers, who are included in the ADHS Behavioral Health System, are reimbursed through Medicaid funding.

All TFC homes are expected to provide the following:

- An environment in which family process, interactions and activities provide opportunities for therapeutic interventions and the development of age appropriate living skills/self-sufficiency skills;

- Trained and supervised foster parents who have the ability to understand and to commit to meeting the child's unique needs;

- Timely access to all other clinically sound covered services, including support services as outlined in the ADHS/DBHS Covered Behavioral Health Services Guide;

- A milieu that maximizes normalcy and the child's opportunity to live successfully in a permanent home, whether or not that home is the TFC home in which the child currently resides or another permanent placement;

- Active foster family involvement in service planning, discharge planning, Child and Family Teams, Individualized Education Plans (IEPs) and other involved agencies' planning processes; and

- Ongoing dialogue, active communication and information sharing between the foster family and the child's biological family, especially in cases where the biological family cannot be actively involved in the child's ongoing care.

PLACEMENT EXPECTATIONS

ADHS/DBHS expects that every child will be served in the context of Child and Family Teams and that all recommendations for TFC services will occur as a result of Child and Family Team process. Whenever possible, children will be served in their homes and all services necessary will be provided to support in-home care. The needs of the family, the community and family resources available, and all additional supportive and therapeutic services the family may require to provide for the child at home should be thoroughly assessed and documented through the assessment process. No consideration should be given to an out of home placement by the Child and Family Team until all home-based possibilities have been exhausted or rejected as unrealistic. In the case of urgent placements (e.g. unexpected Child Protective Services (CPS) removals), Child and Family Team meetings should be expedited to evaluate the sufficiency of the placement and to develop and consider other appropriate options.

Whenever possible, children should be matched with the home, foster family and community that will most likely meet their individual needs and reinforce their unique strengths. Weight should always be placed on keeping the child in his/her home community and school and maintaining supportive and anchoring social connections. Additionally, the importance of cultural compatibility must be strongly considered. The loss of family customs, religious practices, familiar language, food or music, etc. causes unnecessary emotional difficulties that lessen the likelihood of a placement's success and stability. Matching a child to the foster family most able to respect, promote and provide the cultural backdrop the child needs should be a primary consideration.

SERVICE EXPECTATIONS

Permanency: A return to parents or the search for a permanent placement should be an ongoing priority of the Child and Family Team and should be conducted in collaboration and close coordination with other involved child serving systems (CPS, Probation, Parole, Tribal Social Services and/or Division of Developmental Disabilities). All such plans should be documented in the child's Individual Service Plan. For children and adolescents in CPS custody, it is understood that the Juvenile Court has sole authority to determine a dependent child's legal case plan, and that Child and Family Teams should therefore actively participate in the court process and provide information to the Court in a manner (written, in person, etc.) suitable to determine the most appropriate and clinically sound long term plan.

Comprehensive and Coordinated Care: Ongoing case management and coordination among all involved entities (T/RBHA, child placing agency, custodial agency, health plan, etc.) should ensure that the in-home portion of the Behavioral Health Service Plan is implemented and that there is timely response to needs within the placement and access to indicated supports. These services require conscientious attention by the Child and Family Team to ensure that service goals and the child's needs are being met.

Stability: Once a child bonds with a foster family, moving can be traumatic. Whenever a placement is disrupted, attachment capacity and mental health status is compromised. A

primary goal of service planning is to provide placement stability and predictability and the avoidance of moves. The Child and Family Team should work with the behavioral health representative on the team to secure any and all resources that work to this end.

Minimizing Risk: Before a placement occurs, a crisis plan should be developed that can be implemented to support and reinforce the placement well before it becomes challenged. A safety plan that addresses the particular concerns and safety needs of children at particularly high risk should be developed as well. Children presenting with violent or aggressive behavior, suicidal or homicidal ideation, or sexually predatory behavior should receive additional and well-implemented supportive services with the intensity that matches clinical needs to ensure appropriate and successful TFC home placements.

Reducing the trauma of transitions: All transitions from TFC homes should become primary foci of the service plan. Coordination between families, agencies, providers and community supports should begin well in advance of an anticipated move, and as soon as a change in placement is considered. Transition of services and homes should be implemented in a manner that minimizes change and best prepares the child and family members for the future.

IMPLEMENTATION STRATEGIES

Placement considerations – Matching a child to a home: All of the following should be considered and prioritized to match a child with the most appropriate TFC home:

- Whenever possible, TFC homes should be built around the child and an adult already connected to and significant to the child. Family members, neighbors, teachers, or other members of the child's social community should be considered when searching for potential placements.

- Unless safety or other overriding clinical issues preclude it, siblings should be placed together and all available services that are required to do so (e.g. comprehensive supportive and therapeutic services in the siblings' current home) should be made available. If siblings must be placed separately, the service plan should provide opportunities that support, foster and encourage family ties through collaborative efforts between the respective foster families, kinship or other caregivers such as telephone, written and electronic communication, visitation arrangements, and social activities managed by the caregivers.

- Children should be placed with the foster family most willing and able to meet their cultural and language needs, whenever possible.

- The child's past experiences with abuse, neglect, family size and history, and other environmental stressors affect successful placements. The number, age and gender of other children living in the home, other family members or adults who live in or frequent the home, and the likelihood that the makeup of the family will support the strengths of the child can all influence the prospect of a successful placement. The size and number of family vehicles should be able to support the size of a newly formed family.

- Many children thrive in the presence of pets; others are fearful. Some children are aggressive towards vulnerable animals. The child's placement should be

considered in the context of any pets currently in the TFC home, the safety of the child and the animals living in the home, and the foster family's willingness to accommodate the child's needs and desires relative to pets.

- The geographic location of the TFC home should be considered from multiple perspectives. The TFC home's proximity to the child's current school and current home can affect the child's level of comfort, the accessibility of supportive and anchoring relationships, the reassurance that often accompanies familiarity, and the child's feelings of safety. The foster family's ability to implement the service plan in the area in which they live, the proximity to biological family (too far *or* too close), and the proximity of both positive and negative peer influences should be carefully assessed.

- The intensity of needs of every child and his/her presenting problems should be matched with the dimensions and relevance of the foster parents' experience.

- The medical needs of the child and the foster family's ability to respond to them on an ongoing basis or in crisis should be considered.

- Information available through the DES home study may shed additional light on the placement most likely to meet the individual needs of dependent children.

*Stability considerations***:** Prior to placement, a crisis plan should be developed by the Child and Family Team to anticipate what should occur if the clinical situation worsens, which next steps will be followed, who will be called, where the child will be taken if necessary, and by whom, etc. Respite care should be secured to support the foster family itself and provide necessary rest and relief. Family support and peer support for both the foster family and the child should be made available as needed. If an acute admission, an AWOL, an arrest or other occurrences temporarily disrupt a placement, the Child and Family Team and behavioral health provider should review and implement any and all options to ensure that the child can return to that placement when clinically appropriate. The single fact of a young person reaching his/her 18th birthday should never, by itself, require an otherwise necessary, beneficial TFC placement to end.

Transition considerations: Although Child and Family Teams strive for constancy in placements, transitions will occur when a child returns to his/her family of origin, a placement is not successful, or a permanent placement has been identified. Transition planning should ensure that the child and the family, be it the biological family, an adoptive family or a new foster family, have been successfully prepared physically and emotionally for the child's move. In addition, all information and experiences that can ensure a successful transition will have been shared. The plan should include provisions to ensure all of the following:

- Face to face meetings occur between the foster family, the child and the receiving family to advance and nurture successful relationships.

- On site and off site transition visits occur between the child and the receiving family.

- A comprehensive exchange of information occurs between homes about the child's needs, strengths, values, culture, and medical and emotional needs.

- Opportunities are made available for the child to express opinions about transition options and to process, with any needed therapeutic support, the child's feelings about the transition itself.

- Opportunities are made available for the child to become comfortable and settled in the home through visits, overnights, etc.

- Opportunities are made available for the child to begin to personalize his/her environment.

- The safety plan and crisis plan have been revised and updated in anticipation of the transition, and the family with whom the child will be living has reviewed them.

- The Child and Family Team process is continued in the child's new environment.

- Ongoing contact is maintained with supportive and anchoring relationships in the child's current community.

Considerations for transitioning to the age of majority: Although reaching the age of majority does not automatically trigger a change in placements, young adults may indeed leave foster care settings around their 18th birthdays. The Child and Family Team has additional responsibilities when planning for these transitions. Transition planning should be consistent with expectations and timelines outlined in the Transitioning to Adult Services Practice Improvement Protocol. The Child and Family Team, therefore, must ensure that all significant domains of a child's life are considered and reinforced to assure a successful transition to adulthood. In all cases, consideration of long-term needs should begin by the time the child reaches 16 years. Well before the child reaches the age of 18, the Child and Family Team should ensure that:

- The level of independent living skills has been assessed and all available community and professional resources have been utilized to prepare the child, when appropriate, for independent living. This may include issues such as money management, socialization skills, or transportation skills (bus routes, drivers licenses, etc.) and be approached through a combination of professional services and natural supports.

- For young people reaching the age of majority, but who would benefit from remaining in their current TFC home, the Child and Family Team should exercise all options and strategies to avoid a disruption in placement. Age alone should not determine the need to leave a foster care setting.

- Necessary behavioral health services have been provided for and continuity of care arranged to the degree possible. This should include, when applicable, SMI eligibility determinations, assistance with applications for entitlements and assistance programs, and the coordination of transitions with SMI or General Mental Health/Substance Abuse providers.

- An appropriately supplied and furnished home exists to which the child can be transitioned.

- Educational or vocational needs have been identified and plans have been made as appropriate for completion of school or GED. As appropriate, employment readiness and a job has been secured.

- The child has been educated about AHCCCS enrollment and understands the processes required to maintain eligibility.

- The child's feelings about the biological family have been carefully considered, and both the child and the biological family have been prepared for the choices the child will likely make once the age of majority is reached.

- An Adult Clinical Team is in place in order to provide the best opportunity for success.

- Financial needs have been defined and considered in the service plan.